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Challenges in Covering Health Disparities in Local News Media: An Exploratory Analysis Assessing Views of Journalists

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Abstract

News coverage of health topics influences knowledge, attitudes, and behaviors at the individual level, and agendas and actions at the institutional and policy levels. Because disparities in health often are the result of social inequalities that require community-level or policy-level solutions, news stories employing a health disparities news frame may contribute to agenda-setting among opinion leaders and policymakers and lead to policy efforts aimed at reducing health disparities. This study objective was to conduct an exploratory analysis to qualitatively describe barriers that health journalists face when covering health disparities in local media. Between June and October 2007, 18 journalists from television, print, and radio in Boston, Lawrence, and Worcester, Massachusetts, were recruited using a purposive sampling technique. In-depth, semi-structured interviews were conducted by telephone, and the crystallization/immersion method was used to conduct a qualitative analysis of interview transcripts. Our results revealed that journalists said that they consider several angles when developing health stories, including public impact and personal behavior change. Challenges to employing a health disparities frame included inability to translate how research findings may impact different socioeconomic groups, and difficulty understanding how findings may translate across racial/ethnic groups. Several journalists reported that disparities-focused stories are “less palatable” for some audiences. This exploratory study offers insights into the challenges that local news media face in using health disparities news frames in their routine coverage of health news. Public health practitioners may use these findings to inform communication efforts with local media in order to advance the public dialogue about health disparities.

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Community health; Health disparities; News framing; Health reporting

Introduction

Background

Disparities in health outcomes by race/ethnicity and socioeconomic status have been widely documented [1-3]. Reasons for the existence of health disparities are varied and include socioeconomic position or social class, social cohesion, social capital, and structural factors including neighborhoods, social conditions, social policies, and individual lifestyles and behaviors stemming from these factors. Some have argued that communication is an important thread that could connect some of these factors at different levels and that inequalities in communication could potentially contribute to health disparities [4]. Because many solutions to ameliorate health disparities require policy-level interventions, it is important for social actors to perceive health disparities as an important social problem that requires attention by community leaders and policymakers.

News coverage of health topics has been shown to influence public agendas and encourage actions at the policy level [5-7]. News media play an important role in defining priority health issues as well as disseminating new research findings to the public [8-13]. Studies in public agenda-setting theory have shown that the list of items the public thinks are most important is strongly affected by media exposure and media content [14-16]. Thus, media perform an important social control function [17], influencing the agendas of citizens, community leaders, and policymakers alike [12]. Recent studies have elucidated the media's agenda-setting role for scientific and risk communication [18], health care issues [19], health promotion [20], marijuana [9], chronic kidney disease [21], and emergency preparedness [22]. These studies highlight the crucial link between media agenda-setting and the prioritization of issues in establishing effective legislation, policy, and health programming.

Central to media agenda-setting are news frames, which influence audience conception of issue importance. A news frame, defined as a "central organizing principle that holds together a diverse array of symbols and idea elements" [23], serves to organize the public's views on a given topic. The selection of news frames by media professionals gives viewers, readers, and listeners a selective interpretation that provides causal narratives about problems and their solutions [24]. Entman [24] suggests that news frames serve four functions. They (1) *define problems*—determine what a causal agent is doing and with what costs and benefits, usually measured in terms of common cultural values; (2) *diagnose causes*—identify the forces creating the problem; (3) *make moral judgments*—evaluate causal agents and their effects; and (4) *suggest remedies*—offer and justify treatments for the problems and predict their likely effects. As applied to health disparities, these news framing functions can not only help shape important health disparities messages but may also work in concert with other health disparities change efforts to help reinforce support for change.

Dorfman, Wallack, and Woodruff [25] add that framing involves more than a message, and knowing what change will advance public health interests, followed by a clear understanding of what it will take to make the change happen, is equally important. How the health disparities message is framed can either establish or bolster support for change or reinforce the opposition [25]. Because disparities in health often are the result of social inequalities that require community- or policy-level solutions, news stories that use health disparities frames may contribute to agenda-setting among opinion leaders, policymakers,

and the larger public, and thus lead to social policy efforts aimed at reducing health disparities among disadvantaged populations.

At the root of this perspective is the following underlying question: Why do some issues become public problems reaching public and policy agenda status, while others do not? Best [26] suggests that the answer has to do with frame construction in the sense that an issue must be constructed so that it is perceived as qualifying as a social problem. This is a key objective in getting the attention of opinion leaders, policymakers, and the larger public [26]. Further, the results of the frame construction determine whether the problems or issues get on the agenda, as well as the range of policy solutions that appear natural or appropriate [27]. In summary, news media, through attention and framing, contribute to setting or re-ordering priorities on which policy actors and the public alike may focus.

The focus of this research was to investigate the views of local health journalists on the challenges they face in drawing attention to and framing stories on health disparities in local news media. Historically, media sociology research has identified several factors that contribute to the making of news. Critical among them are social norms and values of journalists; organizational constraints, such as deadlines and limits of time and space; pressures from social movement organizations and interest groups; and reliance on government and community leaders as sources and resources, through journalistic beat systems that often demarcate established hierarchies of contact for journalistic practice [28-30]. Media agenda-setting research has also documented that powerful and well-organized sources influence the media's prioritization of issues [31].

However, there is a dearth of research that builds on this early work to expand knowledge and inform practice in health journalism specifically; until recently, little has been known about whether the practices and priorities of public affairs and general assignment reporters are generalizable to health reporters. A recent national survey of U.S. health and medical science reporters and editors has offered some important insights [32]. These insights suggest that health journalists' initial ideas for stories come from a "news source," followed by press conferences or press releases. Additionally, the potential for public impact and new information or developments, followed by the ability to provide a human or local perspective, are important framing criteria for health journalists [32]. This earlier work calls for a deeper understanding of how journalists in local news media focus on framing, as well as the barriers and facilitators that journalists face in using health disparities frames in their reporting.

Rooted both in the nature of certain problems and in the occupational practices of media professionals and media outlets, most issues on the public agenda do not necessarily reflect actual conditions as much as they reflect the operation of a systematic cycle of heightening public interest and then increasing boredom with major issues [33]. Although disparities in disease risk factors, incidence and mortality, and access to health care have been widely documented, and subsequent purposive communication and intervention efforts by public health groups have followed [3], there appears to be little discussion of health disparities in routine news media coverage of health issues.

A few studies support this notion and have sought to describe the health disparities-related content found in newspapers. One study, conducted by Taylor-Clark et al. [34], found that although coverage of African American health care disparities increased between 1994 and 2004, latter articles emphasized patient-related causal factors, such as not seeking enough care or not following doctors' recommendations, more often than system level causes, such as discrimination in health care or lack of access to quality care. The authors concluded that these causal frames may reduce support for policy interventions among policymakers and

the public. Further, in Amzel and Ghosh's study [35], "National Newspaper Coverage of Minority Health Disparities," investigators assessed newspaper coverage of minority health disparities in the U.S. The authors performed a LexisNexis news search for articles related to health disparities published in 257 newspapers between 2000 and 2004. During this time period, 1,188 articles (9 percent of all articles during that time period) related to minority health disparities were published. Most were about conferences, meetings, and speeches by public health officials and politicians. Moreover, health disparities related to cancer, cardiovascular disease, and HIV/AIDS received the most coverage. Health disparities coverage involving African Americans made up 60.4 percent of all such articles. Amzel and Ghosh concluded that if more U.S. citizens understood that minority health disparities existed, this heightened understanding would provoke more advocacy toward quality improvement and the elimination of health disparities [35].

Building on this earlier work, we sought to explore the journalistic practices that comprise local reporting on health generally, and on health disparities specifically. Our research questions were:

1. How do journalists employed by local media outlets report on and view health and medical science news in general, and health disparities in particular?
2. What barriers do local journalists face when reporting on health disparities, and what are the potential solutions to overcome those barriers?

Methods

Study Design

This qualitative, exploratory study employed a purposive sampling technique to select 20 Massachusetts journalists to participate in in-depth, semi-structured interviews aimed at gaining a better understanding of the barriers and facilitators local reporters and editors face in using health disparities frames and angles in their reporting. Journalists were selected from three Massachusetts communities that are involved in a cancer control program entitled Massachusetts Community Networks to Eliminate Cancer Disparities through Education, Research and Training (MassCONNECT). MassCONNECT is one of 25 Community Network Programs (CNPs) funded by the National Cancer Institute and is focused on racial/ethnic minorities and underserved populations. Its work is conducted in Boston, Lawrence, and Worcester, Massachusetts.

The sampling frame for the study was compiled by drawing from Bacon's MediaSource, a comprehensive list of all local media outlets offering news, including in the cities of Boston, Lawrence, and Worcester, Massachusetts. The list was separated into television, newspaper, and radio categories, and only radio and television programs using news or news magazine formats and genres were included; non-news television and radio stations were excluded. A modified community reconnaissance method [36] was employed to identify journalists to be interviewed for the study, building on community partnerships developed through the MassCONNECT program.

Recruitment

Reporters were selected from all categories (television, newspaper, and radio) to ensure different types of media were represented; special attention was paid to ensuring representation of reporters and editors from ethnic media outlets. While a probability-based sample was not employed, the following stratification variables were considered in the selection of journalists:

- Target audience (racial/ethnic or mainstream focus)

- Medium (television, newspaper, or radio)
- Size (newspaper circulation)
- Periodicity (weekly/daily)
- Journalistic role (reporter, editor, anchor, host)
- Specialization (general assignment, medicine and health, science)

The following types of media professionals were included in the sample: health and medical reporters, science reporters, and others journalists (general assignment reporters, news editors, producers, news anchors, and news program hosts) who focus on health. Upon sample selection, letters were written to executive editors and news directors of print and electronic media to seek support and cooperation. Journalists were then contacted by telephone and email to secure participation and set up interviews. Sample characteristics are provided in Table 1.

Data Collection

The interview guide developed for the study was informed by items from a survey instrument developed for the National Cancer Institute's national survey of U.S. health and medical science reporters and editors [32] and previous media sociology research [12,31]. The interview guide focused on the following topics:

- Sociodemographic characteristics, such as education, disciplinary training, experience, ethnicity, age, and gender
- Individual characteristics, such as knowledge about health disparities, attitudes toward health disparities, perceived barriers in health reporting, and professional ideologies
- Occupational practices, such as source selection, source reliance, "beat" reporting, newsworthiness criteria, and reliance on materials such as video or print news releases
- Organizational and environmental factors, such as size and complexity of the news organizations, medium, resources devoted to reporting, and urban or rural location

The interview guide was pre-tested among a sample of four journalists from television, print, and radio and from both mainstream and ethnic media outlets to assess the appropriateness of length and format and the clarity and scope of questions. Upon initial contact and at the beginning of the interview, participants were informed of the aims of the research and ensured confidentiality. Voluntary participation in the study was emphasized. The one-hour, semi-structured interviews were conducted by telephone and were audio taped; transcripts were created for data analysis.

Data Analysis

Systematic procedures using the crystallization/immersion method [37] were used to conduct a qualitative analysis of the transcripts created from the 18 interviews completed with local journalists in our sample. This method is an intuitive analysis style in which researchers skilled in qualitative data analysis organize data by examining the transcript text thoroughly and crystallizing the most important aspects [38]. This procedure was followed by coding and thematic formulation processes that were based on the construction of structured, hierarchical database indexing that was enhanced by the use of a computer-assisted qualitative data analysis system, *NVivo*. *NVivo* is a computerized tool that can effectively manage large amounts of qualitative data [39,40]. Structural coding reports were

generated utilizing *NVivo* and read by two members of the research team. Upon identifying key emerging themes and salient points, data and supporting quotations were organized.

Results

Five themes related to health disparities reporting emerged from the in-depth interviews conducted with local journalists in the Massachusetts communities of Boston, Lawrence, and Worcester: (1) preferred story angles, (2) challenges in covering health and medical science news, (3) familiarity with health disparities, (4) difficulty in covering health disparities, and (5) influence of organizational structure on reporting on health disparities. While our focus was on identifying the barriers and facilitators to using health disparities frames in reporting on health and medical science news, an examination of all emergent themes provides insights about the journalistic practices of our sample of local news media professionals.

Preferred Story Angles

Regardless of the medium, most journalists reported using various angles—a perspective or “twist or hook” that directs a journalist’s story [41]—to develop their health disparities stories. Angles are determined by several factors, including the medium’s mission, the target audience’s interest and ability to relate to the topic, a consensus from story development meetings within the news organization, journalists’ and managements’ personal ideas and interests, and hot topics emerging from the community [41]. A few journalists mentioned that because in health reporting their primary mission is one of information delivery and personal behavior change, they tend not to use angles that may be seen as controversial by reading or viewing audiences, whereas other journalists indicated they did not have a preferred story angle but utilized the angle for the story that would be most likely to grab readers’ or viewers’ attention and evoke a range of emotions (e.g., joy, delight, anger, etc.) See Table 2.

Challenges in Covering Health and Medical Science News

Overwhelmingly, journalists in our sample commented that the biggest challenges in covering health and medical science news were the extensive research required for comprehensive reporting, the difficulty in covering sensitive health topics, the inability to identify interviewees who can describe complex information in a way that can be understood by lay audiences, and the absence of “a face” to help personalize complex information. Broadcast journalists in particular echoed the importance of the visual impact as well as the time constraints they face when covering health and medical science news stories. Several journalists commented that the Health Insurance Portability and Accountability Act (HIPPA) regulations and patient confidentiality have made access to patients more difficult. Further, journalists stated that they also felt people’s suspicion, lack of trust, and lack of comfort in speaking with journalists contributed to their difficulties in finding sources to interview (See Table 3).

Familiarity with Health Disparities

Journalists indicated more familiarity with the term “health disparities.” Many journalists were able to cite excellent examples of each. When asked when they first recalled hearing the term “health disparities,” several journalists indicated they first heard the term in the late 1980s and early 1990s and that recently they have noticed more attention being paid to the issue in the media. Most journalists were particularly proud of their own news organizations’ health disparities coverage. Participants felt that consistent coverage of health disparities by a news organization demonstrated that organization’s commitment to cover the issue. Newspaper reporters from the larger mainstream papers were especially proud of

the commitment their organizations made in hiring health reporters and covering health disparities and other health issues, particularly since the newspaper industry is currently experiencing vast changes, including downsizing, buyouts, and layoffs. Small and ethnic newspaper reporters and editors were also familiar with health disparities and were able to cite examples of health disparities (i.e., lack of or inadequate health insurance, inequalities in access to certain cancer treatments, etc.), but often voiced concern regarding their small staff sizes, tight deadlines, and lack of specialized training in health or health disparities. In addition, a number of journalists noted that their organizations did not have one reporter available to dedicate him/herself solely to covering a health beat. Across media, most journalists felt that compared to other health issues, health disparities was an important topic, and they ranked it very high compared to other topics.

Difficulty Covering Health Disparities

Several journalists cited that challenges to covering health disparities were similar to those related to covering general health and medical science news. Respondents identified additional challenges unique to reporting on health disparities and/or using a health disparities frame in their reporting on health and medical science news. These included (a) lack of time to do thorough research on health disparities issues, and (b) lack of additional information on how a development or health issue affects different socioeconomic groups. A few journalists stated that they felt most journalists do not think to inquire about health disparities or ask questions using a health disparities lens if the focus of the research being reported on was conducted on one particular population group. Many journalists also commented that even with the compelling evidence of health disparities' existence, many people in the target audiences still do not believe that health disparities actually exist. Further, some journalists said that disparities surrounding issues like HIV/AIDS and race are "just not palatable" to many of their audiences. Several commented that because health disparities are so broad and go beyond issues of race and ethnicity, it is a challenge to decide upon appropriate approaches for framing these types of stories, including which aspects to cover, while managing deadline and time constraints, see Table 4.

Working with Journalists to Overcome Challenges in Health Reporting

Journalists offered several suggestions for ways in which public health and medical researchers and practitioners can work with local journalists to overcome the challenges faced in health reporting. First, journalists suggested that medical and health personnel participate in media training, as this may help medical professionals to understand that the media need complex information to be broken down and presented to them in a way that can be successfully disseminated and understood by mass audiences. Second, organizations seeking coverage on health and medical science issues should have a pre-existing speaker's bureau or list of persons who have been affected by the issue at hand so that reporters may have sources that they can contact quickly to personalize their stories. Third, organizations should understand journalists' deadlines and the types of stories and health issues each medium covers and in what format in order to maximize the attention given a particular issue.

Discussion

Recognizing the importance of news coverage of health topics and particularly of health disparities, this study sought to better understand how journalists in three local communities in Massachusetts report on and view health and medical science news and, in particular, health disparities. Further, we wanted to better understand what barriers journalists face in reporting on health disparities, and potential solutions to overcome those barriers. Our findings revealed that, overall, journalists have a familiarity and interest in covering health

disparities. Most journalists indicated that they had a lot of autonomy in what stories they covered and in covering health disparities issues as well. Further, all of the journalists were proud of their media organization's efforts thus far to cover health disparities but felt more in-depth coverage was needed to clearly define health disparities to their various audiences and increase public dialogue on the issue. Additionally, journalists felt that one way public health researchers, practitioners, and community organizations can play a role is by helping to remove barriers that health reporters and editors face in using health disparities frames and angles in their reporting on public health and medical science. Journalists felt researchers and public health practitioners can assist them by translating complex information to simpler language for their audiences. Journalists also felt that they needed help to identify persons impacted by a particular issue in order to "put a face to the story." Several journalists indicated that they had attended special trainings and workshops regarding covering issues around health care reform and health disparities, with academic researchers, journalists, and community members also participating. These journalists indicated that these types of trainings improve partnerships between community groups, researchers, and journalists, and improve journalists' access to current and understandable information about health disparities.

Limitations

The interview method allowed us to qualitatively explore in-depth the perceptions of journalists regarding health disparities and the barriers they face in covering health disparities issues. However, this study only focused on a small number of local journalists in three Massachusetts cities. Thus, the results should not be extrapolated to the larger population of local reporters across the U.S.

Conclusions

This study offers some important insights to moving the health disparities agenda forward through media coverage, and to increasing the public's and the media's understanding of each other's needs, goals, and constraints in the reporting of information about health disparities. Effective media advocacy should consider the constraints local reporters face in employing health disparities frames and work toward providing reporters with information and resources to increase the public dialogue about health disparities problems and policy-level solutions. Finally, given the widely documented disparities in health outcomes and the critical role that journalists play in disseminating health information to the public, future and larger studies should continue to focus on the factors that promote or impede journalistic coverage of health disparities.

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Table 1Participant demographics and job characteristics ($N = 18$)

Age (range)	27–69
Gender	
Male	6
Female	12
Education	
High school degree	2
Bachelor's degree	12
Master's degree	2
Doctorate degree	2
Mainstream medium	
Television	4
Newspaper	4
Radio	4
Ethnic medium	
Television	4
Newspaper	2
Radio	0

Table 2

Preferred story angles theme, participant quotes

Participant type	Example quote
Radio talk show host	"Relate-ability is very important in talk radio. When you talk about a particular topic, you want people to say, 'Well, how would this affect me and my family? What is my opinion?'"
Television reporter/ anchor	"I tend to use angles that seek to change behavior. For instance, if I were going to do a story on colorectal screening, I am going to use an angle to try and get people to get screening."
Newspaper reporter	"I don't use one particular angle. The first litmus test for any story is if Sherry in Saugus is gonna spit out her coffee first thing in the morning and say to her husband/partner/children, 'My God! Did you see this in this xxxxx newspaper?' That's the number one test we apply in putting a story together. Every reporter wants to be on the front page. Just think about what you want to read as a reader; you want to read something that's going to grab you, surprise you, delight you, edify you, and move you, anger you, and those are going to be stories that cause you to spit out your coffee in the morning. [...] Then yes, then we might think we will frame it. Frame, yes, yes..."

Table 3

Challenges in covering health and medical science news theme, participant quotes

Participant type	Example quote
Radio talk show host	"Topics like HIV/AIDS and issues around sexuality are difficult to cover because you don't know how your audience will perceive the information."
Television reporter	"I get a very short time for my stories. I get a minute and a half, so it's hard to cover health and medical science stories in that short period of time."
Newspaper reporter	"Suspicion—lack of trust—of reporters is something I think we all deal with."

Table 4

Difficulty covering health disparities theme, participant quotes

Participant type	Example quote
Radio talk show host	"[I] Have to make health disparities relatable and interesting to people who don't think it affects them."
Television producer	"Getting the message across on the issue. You have to keep showing how health disparities are affecting this particular audience. Show it on a broad level and illustrate that something can be done. It is a challenge because sometimes it's hard to send a message when the topic is so intricate."
Television reporter	"One problem is that news staffs are getting cut. People who might have at one point had a health beat could really become educated in a particular area such as health disparities. Now you are finding more general interest reporters that are, you know, have to be 'jacks of all trades' covering health and every other topic, and masters of none."
Newspaper reporter	"I think health disparities are central to all health issues. I think that every health story that we do—and I am not speaking in a hyperbolic way or a facetious way—has to take disparities into account."
Television reporter	"I think that any issue that involves race, such as health disparities, there will be opportunities for people or our audiences to turn a deaf ear or say 'Oh! Here we go going on about this [race] again.'"